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Blue Jay Wireless, LLC 4240 International Parkway, Suite 140 Carrollton, TX 75007 Tel (972) 788-8864

January 31, 2017

Attn: Gary Widerburg Heber M. Wells Building, 4th Floor 160 East 300 South Salt Lake City, UT 84111 via Email and Priority Mail

Re: Blue Jay Wireless, LLC - FCC Form 555 Filing

Dear Mr. Widerburg,

Enclosed, pursuant to 47 C.F.R. § 54.416, is a copy of the Form 555 Annual Report submissions to the Universal Service Administrative Company with respect to Lifeline services provided by Blue Jay Wireless, LLC in the state of Utah.

Please feel free to contact me if you have any questions.

Respectfully submitted,

Lauren Moxley

Chief Compliance Officer

Blue Jay Wireless, LLC

(972) 788-8864 (office)

lmoxley@bluejaywireless.com

Enclosure

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509011

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

509011 143037125		143037125
Study Area Code (SAC (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) retification form for each SAC through which it provides Lifeline service).
2016	UT	Blue Jay Wireless LLC
Recertification Year	State	ETC Name
N/A		Blue Jay Wireless, LLC
DBA, Marketing, or Ot (If same as ETC name, list "N.	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
ovide a list of all ETCs that a termined in accordance with .	Section 3(2) of the Communications.	Yes No O using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) mership or control with, another person." 47 U.S.C. § 153(2). See also 47
ffiliated ETC's SAC		Affiliated ETC's Name
rmation, or other similar ws (or partnership agreer imptroller, treasurer, or a	legal document. An officer in nent), and would typically be j	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate by-president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification. this section
	isted above has certification pr	ocedures in place to:
that, to the best of my	knowledge, the company wa	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or
	gibility by relying upon acces	s to a state database and/or notice of eligibility from the state the Lifeline program.
am an officer of the con	npany named above. I am auth	norized to make this certification for the Study Area Code listed
nitial		

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
7	0	1	3	3

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
3	2	1	0	1

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DW

AND/OR

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R)	I certify that the company listed above has procedures in place t	o recently consumer engionity by relying on:
	N/A	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I	am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.	
	T., \$45 _ Y	

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

L	ni	tial		

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
3	1	33.33%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 💽

No 🔘

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q	
Month	Subscribers De-Enrolled for Non-Usage	
January	0	
February	0	
March	0	
April	0	
May	3	
June	2	
July	0	
August	5	
September	2	
October	4	
November	2	
December	0	
Total Subscribers	18	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online

Signature of Officer
david@bluejavwireless.com

Email Address of Officer

Lauren Moxley

Person Completing This Certification Form

David Wareikis, CEO

Printed Name and Title of Officer
01/30/2017
Date
972-788-8864
Contact Phone Number